I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

MAIL STOP RCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of: Lisbeth Illum, et al.

Conf. No.: 2569 Group Art Unit:

1615

Appln. No.:

09/834,312

Examiner:

Blessing M. Fubara

Filing Date: April 13, 2001

Attorney Docket No.: 10774-56US

(WESX/P21598US)

Title:

NOVEL FORMULATIONS OF FEXOFENADINE

## AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE) **UNDER 37 C.F.R. 1.114**

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Office Action mailed June 18, 2003 (Paper No. 14). It is timely filed on October 20, 2003 (with October 18th and 19th, 2003 being a Saturday and a Sunday), in view of a Petition for a one month extension of time enclosed herewith

Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

| $ \mathbf{X} $ | l A | ۱n ا | Am | enc | lme | ent |
|----------------|-----|------|----|-----|-----|-----|
|                |     |      |    |     |     |     |

- An Information Disclosure Statement, PTO/SB/08A and cited references. [ ]
- New formal drawings. [ ]
- A Petition for Extension of Time to October 20, 2003 for the pending application.
- Other: [ ]

The following fees are enclosed:

- RCE fee of \$770.00 required under 37 C.F.R. 1.17(e). [X]
- Extension of time fee in the amount of \$110.00 [X]

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770.00 DP

[ ] Additional claim fees of for excess claims submitted in the enclosed Amendment, calculated as follows:

|          |   |      |                                 |                  | SMAL   | L ENTITY   | LARG   | E ENTITY   |
|----------|---|------|---------------------------------|------------------|--------|------------|--------|------------|
|          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |      | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT<br>EXTRA | RATE   | ADDIT. FEE | RATE   | ADDIT. FEE |
| TOTAL    |   | (-)  | or 20                           |                  | x9     |            | x18    |            |
| INDEP.   |   | (-)  | or 3                            |                  | x43    |            | x86    |            |
| l lst PR | ESENTATION                                | OF M | JLTIPLE DEPEN                   | DENT CLAIMS      | +\$145 |            | +\$290 |            |
|          |   |      |                                 |                  | TOTAL  | ·          | TOTAL  |            |

- [X] Firm checks totaling \$880.00 are enclosed herewith.
- [X] The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 210774.0056) as noted below. A duplicate copy of this sheet is enclosed.

| [X] Any overpayments or deficiencies in the above-calculated |
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|--|

- [ ] RCE fee in the amount of \$ .00.
- [ ] Extension fee in the amount of \$ .00.
- [] Additional claim fee(s) in the amount of \$\_\_\_.00 as calculated above.
- [X] Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.
- [X] In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

## CORRESPONDENCE ADDRESS

LISBETH ILLUM, ET AL.

By:

1) oxfaber 2003 (Date)

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KAB:cmb Enclosures